## Foster Family Home - Corrective Action Report

Provider ID:

2-583212

Home Name:

Jopher Salom, CNA

Review ID:

2-583212-8

1335 Kaiwiki Road

Reviewer:

Jackie Chamberlain

Hilo

HI 96720

Begin Date:

10/16/2020

**Foster Family Home** 

**Required Certificate** 

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 11/29/2020

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(6)

Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

## Comment:

41.b.6 wheelchair ramp does not meet building codes. The incline is too steep. CCFFH will get a 1 year certificate and will need to correct the wheelchair ramp to meet code standards by the next inspection as the CCFFH will need to consult with a contractor and may need to get a special permit from the DPP

41.b.6 No proof that downstairs client sleeping spaces or upstairs client space is permitted for use as a bedroom Department of planning and permitting

Foster Fam	ily Home Records	[11-800-54]	
54.(c)(3)	Current copies of the client's physician's orders		
54.(c)(5)	Medication schedule checklist;	***************************************	
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Comment

54.c.5 Medication discrepancy for client #2 – several medication prescription label did not match medication administration record

54.(c)(3) There is no signed MD orders for client # 2

Primary Caregiver Signature

10-29-2020 Date

Compliance Manager Signature

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

## Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCF	FH Certificate: Jopher Salom
	(PLEASE PRINT)
CCFFH Address:	1335 Kaiwiki Rd, Hilo, Hi, 96720
	(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41 (b)(6)	Consulted with contractor to correct wheelchair ramp to meet building code standards.		Will comply with all code standards prior to inspection during next nursing visit.
	Special permit to be obtained from the DPP regarding orginial floorplan of home.		Clients will be placed in sleeping spaces deemed appropriate as a true home bedroom. Recreational space will be accesible to clients.
54 (c)(3)	Awaiting MD orders for client #2 from Physician (to be mailed out).	11/30/20 12/8/20 updated	MD orders will be obtained during each Physician visit to prevent medical record error.
54. (c)(5)	Medication discrepency for client #2 was corrected by Physician Nurse. It was placed into client record (binder).	11/30/20 12/8/20 updated	Ensure medication is correct on MARS from Physician to client Current comprehensive summary of medications will be obtained.

All ite	ems that were fixed are attached to this enature: <b>Jopher Salo</b>	)	Date: 12/8/20
П ста	has reviewed all corrected items		